

**Department of Industrial Accidents**  
**Prospective Review Procedure - No Additional Medical/Clinical Information Required**

**1<sup>st</sup> Business Day of Request**

Request for utilization review of health care condition and corresponding procedure(s) and/or treatment(s) received by UR agent. **Date of request, category and type of review documented in UR case notes.**

UR staff enters demographic information and forward medical information for review to licensed UR reviewer. UR Introductory letter and ID card are mailed. If agent is not responsible for sending ID card - agent must reference card in introductory letter and instruct IW to call agent if card is not received.

**1<sup>st</sup> Business Day of Request**

Licensed UR reviewer begins review of clinical information. Documents type, category, and date of request in UR case notes.

If additional clinical information needed, follow procedure for request of additional clinical information.

If no additional clinical information required, reviewer proceeds with prospective review to determine medical necessity and appropriateness of condition, and requested procedure(s) and/or treatment(s).

**HCSB Treatment Guideline Review**

Licensed UR reviewer continues review medical information comparing condition and corresponding procedure(s)/treatment requested with HCSB treatment guideline/review criteria.

**Approval - HCSB Treatment Guideline Applies**  
Licensed UR reviewer determines HCSB treatment guideline/criteria apply to condition under review and approves request. Approval letter sent to OP/IW **within two business days of receipt of request. Approval Letter includes guideline and clinical rationale. Date of request, category, and type of review documented in UR case Notes.**

**NO HCSB Treatment Guideline Applies**  
Licensed UR reviewer determines **no** HCSB Treatment Guideline/Criteria apply and moves to review of secondary sources.

**HCSB Treatment Guideline Applies- UR Reviewer Unable to Approve**  
Licensed UR reviewer determines HCSB treatment guideline/criteria applies, but reviewer is unable to approve request. Licensed UR reviewer forwards request for school-to-school review, **by next business day. Date of request for school-to-school review and clinical concerns of licensed UR reviewer must be documented in UR case notes.**

**Secondary Source Treatment Guideline Review**

Licensed UR reviewer continues review medical information comparing condition and corresponding procedure(s)/treatment requested with secondary source treatment guideline/review criteria.

**Approval - Secondary Source Treatment Guideline/Criteria Applies**  
Licensed UR reviewer determines secondary source treatment guideline/criteria apply to condition under review and approves request. Approval letter sent to OP/IW **within two business days of receipt of request. Approval Letter includes guideline and clinical rationale. Date of request, category and type of review documented in UR case notes.**

**NO Secondary Source Treatment Guideline/Criteria Applies**  
Licensed UR reviewer determines **no** secondary source Treatment Guideline/Criteria applies. Licensed UR reviewer contacts supervisor and moves to internal guideline development and review procedure.

**Secondary Source Treatment Guideline/Criteria Applies - UR Reviewer Unable to Approve**  
Licensed UR reviewer determines secondary source treatment guideline/criteria applies, but reviewer is unable to approve request. Licensed UR reviewer forwards request for school-to-school review **by next business day. Date of request for school-to-school review and clinical concerns of licensed UR reviewer must be documented in UR case notes.**

**Regulatory Timeline:**  
**Notice of determination must occur within two Business days of the receipt of the request for determination and Receipt of all information necessary to complete review.**

### **School-To-School Review**

#### **Approval**

**By next business day** school-to-school reviewer conducts clinical review and renders approval. Approval Letter sent **within two business days from date of receipt of request for UR review**. Approval Letter includes treatment guideline/criteria and clinical rationale. Date of request and clinical rationale must be documented in UR case notes.

#### **Request for Additional Medical Information**

**By next business day** school-to-school reviewer determines additional medical information is required to conduct review. School-to-school reviewer follows procedure for Request of Additional Medical Information.

#### **Adverse Determination**

**By next business day** school-to-school reviewer issues AD. AD Letter sent **within two business days from date of receipt of UR request**. AD Letter includes guideline/criteria, clinical rationale, and appeal procedure. **Date of request, type of review, and clinical rationale documented in UR case notes.**